

CERTIFICATE OF RE-COMMENCING WORK

***NO PAYMENT OF SALARY CAN BE MADE UNTIL THIS
FORM IS RECEIVED BY THE PAYROLL MANAGER***

To: (Name of Line Manager)

Faculty/Directorate

According to our records, is
due to return to work on

No further payment of salary can be made until you have confirmed their return to work by signing below and returning this form **Payroll Office, Southwood House**.

It is your responsibility to ensure that this is sent in time for the Payroll Office to process for payment.

I confirm that the above named member of staff returned to work on
(Date)

Name:
(Block Capitals)

Signature Date
